

AMENDED IN SENATE JUNE 16, 2014

AMENDED IN ASSEMBLY JANUARY 16, 2014

AMENDED IN ASSEMBLY JANUARY 6, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

## ASSEMBLY BILL

**No. 357**

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**Introduced by Assembly Member Pan**

February 14, 2013

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An act to ~~add Article 7.5 (commencing with Section 124167) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, and to repeal Chapter 13 (commencing with Section 12693.90) of Part 6.2 of Division 2 of the Insurance Code, and to add Section 14005.271 to the Welfare and Institutions Code~~, relating to child health.

### LEGISLATIVE COUNSEL'S DIGEST

AB 357, as amended, Pan. ~~Children's Health Advisory Board~~. *Medi-Cal Children's Health Advisory Panel*.

Existing law requires the state to implement and administer various child health and disease prevention programs. Existing law establishes the Healthy Families Advisory Board, a 15-member advisory panel appointed by the Managed Risk Medical Insurance Board. Existing law provides for the transition of children from the Healthy Families Program to Medi-Cal, including the transfer of the Healthy Families Advisory Board to the State Department of Health Care Services.

This bill would repeal the Healthy Families Advisory Board and instead rename and recast the board as the ~~Children's Health Advisory Board~~, *Medi-Cal Children's Health Advisory Panel*, an independent, statewide advisory body *composed of 19 members* charged with ~~developing a vision for children's health in the state, among other tasks~~.

~~The bill would also provide related legislative findings and declarations, advising the State Department of Health Care Services on matters relevant to all children enrolled in Medi-Cal and their families, as specified. The bill would require that panel members, except as otherwise specified, be appointed by the department. The bill would specify the powers and duties of the panel and the department in this regard and would require that the department submit, on or before January 1, 2018, and every 5 years thereafter, a report to the Legislature on the advisory panel's accomplishments, effectiveness, efficiency, and any recommendations for improving the ability of the advisory panel to fulfill its purpose.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The health and well-being of California's children should
- 4 be among the state's top priorities, and it is imperative that every
- 5 child in California has meaningful health coverage with benefits
- 6 that support healthy growth and development.
- 7 (b) Children's health coverage should encompass more than
- 8 just treatment of diseases and illnesses, but also cover services and
- 9 care to promote healthy development and ~~well-being~~; *well-being,*
- 10 *identify and intervene in problems early on, and prevent chronic*
- 11 *disease.*
- 12 (c) All children should receive care that meets recognized
- 13 standards of practice.
- 14 (d) For the first time in history, the current generation of children
- 15 is likely to be less healthy than their parents and live shorter lives.
- 16 (e) The incidences and types of chronic disease in children have
- 17 both increased and changed dramatically over the past four decades.
- 18 One in five children ~~have~~ *has* a mental health problem, and the
- 19 number of overweight children has tripled for preschoolers and
- 20 adolescents and quadrupled for children 6 to 11 years of age,
- 21 inclusive.
- 22 (f) *In 2013, California moved over 750,000 children who had*
- 23 *previously been enrolled in Healthy Families, California's*

1 *Children's Health Insurance program, into Medi-Cal, California's*  
2 *Medicaid program.*

3 *(g) Medi-Cal now provides health coverage for roughly 5 million*  
4 *children, approximately one-half of all California children.*

5 ~~*(f) Approximately 1.1 million children in California are*~~  
6 ~~*uninsured, and the quality of children's health services and access*~~  
7 ~~*to these services reflect significant disparities in geographic, racial,*~~  
8 ~~*ethnic, and socioeconomic status.*~~

9 ~~*(g)*~~  
10 ~~*(h) Children with special health care needs eligible for Medi-Cal,*~~  
11 ~~*including children with chronic medical conditions and infectious*~~  
12 ~~*diseases eligible for California Children's Services, foster youth*~~  
13 ~~*and former foster youth up to 26 years of age, and children from*~~  
14 ~~*medically underserved ethnic and geographic populations, are*~~  
15 ~~*often those who experience the greatest challenges in accessing a*~~  
16 ~~*variety of the high-quality services they need.*~~

17 ~~*(i) In authorizing the Healthy Families transition, the*~~  
18 ~~*Legislature authorized the transfer of the Healthy Families*~~  
19 ~~*Advisory Panel to the State Department of Health Care Services,*~~  
20 ~~*which oversees Medi-Cal.*~~

21 ~~*(j) The Healthy Families Advisory Panel was a 15-member*~~  
22 ~~*panel of stakeholders, including parents of children enrolled in*~~  
23 ~~*Healthy Families, that advised the Managed Risk Medical*~~  
24 ~~*Insurance Board on all policies, regulations, operations, and*~~  
25 ~~*implementation of the Healthy Families Program since the*~~  
26 ~~*program's inception in 1998, made recommendations that helped*~~  
27 ~~*improve the quality of care for children in Healthy Families, and*~~  
28 ~~*served as an important venue for parents of enrollees, active*~~  
29 ~~*providers, and other experts to discuss ways to improve the*~~  
30 ~~*program.*~~

31 ~~*(h) The administration and delivery of child health programs is*~~  
32 ~~*often ineffective, uncoordinated, and incomplete with little*~~  
33 ~~*accountability for quality.*~~

34 ~~*(i)*~~  
35 ~~*(k) The modern epidemics facing children today have lifelong*~~  
36 ~~*consequences and present significant costs to the economy. The*~~  
37 ~~*failure to ensure the health of our children enrolled in Medi-Cal*~~  
38 ~~*may jeopardize their ability to function effectively as adults and*~~  
39 ~~*for our state and nation to remain strong and competitive in our*~~  
40 ~~*global society.*~~

1 SEC. 2.—Article 7.5 (commencing with Section 124167) is added  
2 to Chapter 3 of Part 2 of Division 106 of the Health and Safety  
3 Code, to read:

4  
5 Article 7.5. Children's Health Advisory Board  
6

7 124167. (a) The Healthy Families Advisory Board established  
8 by former Section 12693.90 of the Insurance Code is hereby  
9 renamed the Children's Health Advisory Board.

10 (b) The Children's Health Advisory Board shall be an  
11 independent, statewide advisory board that shall develop a vision  
12 for children's health in California, make recommendations on  
13 improving child health systems, and set goals and standards for  
14 children's health coverage.

15 (c) The membership of the advisory board shall be composed  
16 of the following 15 members:

17 (1) One member who is a licensed, practicing dentist, appointed  
18 by the Governor.

19 (2) One representative from a licensed nonprofit primary care  
20 clinic, appointed by the Governor.

21 (3) One representative of the mental health provider community,  
22 appointed by the Governor.

23 (4) One representative from the health plan community,  
24 appointed by the Governor.

25 (5) One representative from the business community, appointed  
26 by the Governor.

27 (6) One physician and surgeon who is board certified in the area  
28 of family practice medicine, appointed by the Senate Committee  
29 on Rules.

30 (7) One representative from a licensed hospital that is on the  
31 disproportionate share list maintained by the State Department of  
32 Health Care Services, appointed by the Senate Committee on Rules.

33 (8) One representative of the substance abuse provider  
34 community, appointed by the Senate Committee on Rules.

35 (9) One representative of the county public health provider  
36 community, appointed by the Senate Committee on Rules.

37 (10) One representative from the education community,  
38 appointed by the Senate Committee on Rules.

39 (11) Three representatives from the Medi-Cal population,  
40 appointed by the Speaker of the Assembly.

1 ~~(12) One physician and surgeon who is board certified in~~  
2 ~~pediatrics, appointed by the Speaker of the Assembly.~~

3 ~~(13) One representative from a family with children with special~~  
4 ~~needs, appointed by the Speaker of the Assembly.~~

5 ~~(d)~~

6 ~~The advisory board members shall have demonstrated expertise~~  
7 ~~in providing health-related services to children 18 years of age and~~  
8 ~~under, as applicable.~~

9 ~~(e) The advisory board shall elect, from among its members, its~~  
10 ~~chair.~~

11 ~~(f) The advisory board's powers and duties shall include, but~~  
12 ~~not be limited to, all of the following:~~

13 ~~(1) To advise the Director of Health Care Services on all~~  
14 ~~policies, regulations, and operations of the Medi-Cal program~~  
15 ~~related to providing health care services to children.~~

16 ~~(2) To consider all written recommendations of the advisory~~  
17 ~~board and respond in writing when the Director of Health Care~~  
18 ~~Services rejects the advice of the advisory board.~~

19 ~~(3) To meet at least quarterly, unless deemed unnecessary by~~  
20 ~~the chair.~~

21 ~~(g) The members of the advisory board shall be reimbursed for~~  
22 ~~all necessary travel expenses associated with the activities of the~~  
23 ~~advisory board.~~

24 ~~(h) The State Department of Health Care Services shall provide~~  
25 ~~staff assistance to the advisory board.~~

26 ~~(i)~~

27 ~~The Legislature does not intend the addition of this section to~~  
28 ~~result in a new board but is instead a continuation of the prior board~~  
29 ~~established by former Section 12693.90 of the Insurance Code,~~  
30 ~~and therefore no new board members shall be appointed until a~~  
31 ~~vacancy occurs.~~

32 ~~SEC. 3.~~

33 ~~SEC. 2.~~ Chapter 13 (commencing with Section 12693.90) of  
34 Part 6.2 of Division 2 of the Insurance Code is repealed.

35 ~~SEC. 3.~~ *Section 14005.271 is added to the Welfare and*  
36 *Institutions Code, immediately following Section 14005.27, to*  
37 *read:*

38 *14005.271. (a) The Healthy Families Advisory Board*  
39 *established by former Section 12693.90 of the Insurance Code is*  
40 *hereby renamed the Medi-Cal Children's Health Advisory Panel.*

1     ***(b) The Medi-Cal Children’s Health Advisory Panel shall be***  
2     ***an independent, statewide advisory board that shall advise the***  
3     ***State Department of Health Care Services on matters relevant to***  
4     ***all children enrolled in Medi-Cal and their families, including,***  
5     ***but not limited to, emerging trends in the care of children, quality***  
6     ***measurements, communications between the State Department of***  
7     ***Health Care Services and Medi-Cal families, provider network***  
8     ***issues, and Medi-Cal enrollment issues.***

9     ***(c) The membership of the advisory panel shall be composed***  
10    ***of the following 19 members:***

11    ***(1) Three providers who currently participate in Medi-Cal,***  
12    ***including each of the following:***

13    ***(A) One member who is a licensed, practicing dentist.***

14    ***(B) One physician and surgeon who is board certified in the***  
15    ***area of family practice medicine.***

16    ***(C) One physician and surgeon who is board certified in***  
17    ***pediatrics.***

18    ***(2) Five representatives of provider organizations that currently***  
19    ***participate in Medi-Cal, including each of the following:***

20    ***(A) One representative from a licensed nonprofit primary care***  
21    ***clinic.***

22    ***(B) One representative from the mental health provider***  
23    ***community.***

24    ***(C) One representative of the substance abuse provider***  
25    ***community.***

26    ***(D) One representative of the county public health provider***  
27    ***community.***

28    ***(E) One representative from a licensed hospital that is on the***  
29    ***disproportionate share list maintained by the State Department***  
30    ***of Health Care Services.***

31    ***(3) (A) Five representatives of the Medi-Cal population, one***  
32    ***of each of the following:***

33    ***(i) A current or former foster youth; an attorney, social worker,***  
34    ***probation officer, or court appointed special advocate who***  
35    ***currently represents one or more foster youth; a foster care service***  
36    ***provider; or a child welfare advocate.***

37    ***(ii) A parent of a Medi-Cal enrollee who has received treatment***  
38    ***services under the California Children’s Services Program within***  
39    ***the past six months.***

1     (iii) A Medi-Cal enrollee who has received services under the  
2 Access for Infants and Mothers Program within the past six months.

3     (iv) A parent or legal guardian of a Medi-Cal enrollee under  
4 21 years of age who has received mental health services under the  
5 Early and Periodic Screening, Diagnostic, and Treatment Program  
6 (EPSDT) within the past six months.

7     (v) A parent or legal guardian of a Medi-Cal enrollee who has  
8 received services from the enrollee's Medi-Cal dental managed  
9 care plan within the past year.

10    (B) If a representative cannot be identified to meet the  
11 requirements of any clause in subparagraph (A), a parent or legal  
12 guardian of any Medi-Cal enrollee may be appointed to participate  
13 in lieu of the individual specified in that clause.

14    (4) Two representatives from the Legislature, including each  
15 of the following:

16     (A) One representative appointed by the Senate Committee on  
17 Rules.

18     (B) One representative appointed by the Speaker of the  
19 Assembly.

20    (5) Four additional representatives, including each of the  
21 following:

22     (A) One representative from the health plan community.

23     (B) One representative from the business community.

24     (C) One representative from the education community.

25     (D) One in-person assister currently certified to enroll  
26 individuals in Medi-Cal.

27    (d) The advisory panel shall elect, from among its members, its  
28 chair. The chair shall be considered a member of the State  
29 Department of Health Care Service's Stakeholder Advisory  
30 Committee.

31    (e) The advisory panel members, except as otherwise specified,  
32 shall be appointed by the State Department of Health Care  
33 Services, or in the case of vacancies of three months or greater,  
34 by the chair.

35    (f) The advisory panel's powers and duties include, but are not  
36 limited to, all of the following:

37     (1) To advise the Director of Health Care Services on all  
38 policies, regulations, and operations of the Medi-Cal program  
39 related to providing health care services to children.

1     (2) *To meet at least quarterly, unless deemed unnecessary by*  
2 *the chair.*

3     (g) *The State Department of Health Care Services's powers and*  
4 *duties shall include, but not be limited to, all of the following:*

5         (1) *To provide general support and staff assistance to the*  
6 *advisory panel.*

7         (2) *To convene and attend meetings of the advisory panel*  
8 *quarterly, unless deemed unnecessary by the chair, at locations*  
9 *that are easily accessible to the public and advisory panel*  
10 *members, are of sufficient duration for presentation, discussion,*  
11 *and public comment on each agenda item, and are in accordance*  
12 *with the Bagley-Keene Open Meeting Act (Article 9 (commencing*  
13 *with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title*  
14 *2 of the Government Code).*

15         (3) *To consider all written recommendations of the advisory*  
16 *panel and respond in writing to each written recommendation.*

17         (4) *To reimburse the members of the advisory panel for all*  
18 *necessary travel expenses associated with the activities of the*  
19 *advisory panel, and to provide a stipend of one hundred dollars*  
20 *(\$100) per meeting attended to each panel member who is a*  
21 *Medi-Cal enrollee or a parent of a Medi-Cal enrollee.*

22         (5) *To maintain an Internet Web page on the department's*  
23 *Internet Web site dedicated to the advisory panel that shall include,*  
24 *but not be limited to, all of the following:*

25             (A) *The purpose and scope of the advisory panel.*

26             (B) *The current membership of the advisory panel.*

27             (C) *A list of past and future meetings.*

28             (D) *Agendas and other materials made available for past and*  
29 *future meetings.*

30             (E) *Recommendations submitted to the department by the*  
31 *advisory panel.*

32             (F) *The department's responses to recommendations submitted*  
33 *by the advisory panel.*

34             (G) *Contact information for department staff assisting the*  
35 *advisory panel.*

36         (6) *To inform advisory panel members when new information*  
37 *is posted to the Internet Web page dedicated to the advisory panel.*

38         (7) *Notwithstanding Section 10231.5 of the Government Code,*  
39 *to submit on or before January 1, 2018, and every five years*  
40 *thereafter, a report to the Legislature on the advisory panel's*



1 *accomplishments, effectiveness, efficiency, and any*  
2 *recommendations for improving the ability of the advisory panel*  
3 *to fulfill its purpose. The report shall be submitted in compliance*  
4 *with Section 9795 of the Government Code.*

5 *(h) The Legislature does not intend the addition of this section*  
6 *to result in a new panel, but rather a continuation of the prior*  
7 *panel established by former Section 12693.90 of the Insurance*  
8 *Code. New panel members shall not be appointed until a vacancy*  
9 *occurs.*

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